U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - \$\$04		2. Fiscal Year Covered From:			
16009 3. Name and address of person filing.		01 / 01 /2004 Through: 12 / 31 / 2004. 4. Name, file number, and address of labor organization.			
		Labor Organization File Number 17888			
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any	i		
Street 1122 N Coro	onado Dr	Street 4509 N Catalina Dr	{		
City Peoria		^{City} Peoria	}		
State ' II	ZIP Code + 4 61604	State IL ZIP Code + 4	61615		
5. Position in labor organization.	Auditor				

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transa monetary value from an employer who	ctions (including loans) wi se employees your orga	ith, or derived income or other economic benefit of initial in	
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.	
Name			:
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		7.b. Amount.	· · · · · · · · · · · · · · · · · · ·
Street			
City			1
State	ZIP Code + 4		

Signature

15. Signature and verification. The undersigned declares, under penalty of	Perjury a	ind other applicable pe	nalties of the law, that all of the information
submitted in this report (including the information contained in any accompany			
undersigned's knowledge and belief true, correct, and complete. (See the se			
Signed July Signed	On	08/11/05	309-688-3653
		Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name IL Laborers & Contractors Joint a. Labor Organization Apprenticeship & Training Program Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street R. R. #3 Mt. Sterling ZIP Code +4 62353 State IL 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. The training school provides Name IL Laborers & Contractors Joint instructinal and hands-on training in Apprenticeship & Training Program various areas of the construction Trade Name, if any: industry. It also provides certification in asbestos, hazardous waste and P.O. Box, Bldg., Room No., if any flagging. Street R. R. #3 11.b. Approximate dollar value of such dealing. City Mt. Sterling: 12.a. Nature of interest held or income received. Attended the LIUNA Midwest Region ZIP Code + 4 62353 State | IL Leadership Conference on 2/9-12/2004. Received lodging and meals. \$105.00 12.b. Amount.

13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).				
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
	14.b. Amount of payment.			

LABORERS' INTERNATIONAL UNION of NORTH AMERICA LOCAL 165

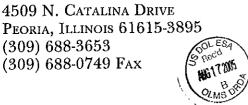
DAN J. MARAS, SR. President

CHARLES H. SHEMPF, JR.

Business Manager

TIM J. SCHMIDGALL Financial Secretary/Treasurer

RICK L. STREETER Organizer/Field Representative



August 11, 2005

U. S. Department of Labor Employee Standards Administration Office of Labor Management Standards 200 Constitution Ave, NW Room N-5616 Washington, D. C. 20210

RE: Form LM-30 Filing for Matt Bartolo

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise it compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

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Sincerely

Matt Bartolo

Auditor

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